

MBA

School of Management Studies INDIRA GANDHI NATIONAL OPEN UNIVERSITY Maidan Garhi, New Delhi - 110 068

PROFORMA FOR APPROVAL OF PROJECT PROPOSAL (MS-100)

Enrolment No		Study Centre
		Regional Centre
Name and Address of	the Student:	
Title of the Project :		
Subject Area:		HRM & OB/Accounting & Finance/Operations Mgt. & Information System/Marketing/Corporate Mgt./Any Other (Specify)
Name and Address of	the Supervisor:	
Is the Supervisor an Academic Counsellor: of Management Programme of IGNOU?		Yes No
If Yes Name and Code Centre and the courses		
counselling for and sir		
No. of the Students cu under the supervisor for		
Signature of Student		Signature of Supervisor
Date		Date:
and signed Bio-Data	of the Supervisor (Ev	of the project and the Bio-data of the Supervisor. In case the complete ven if the proposed supervisor is an academic counsellor of IGNOU's the proposal will not be entertained.
		For Office Use only
SYNOPSIS	SUPERVISOR	—
APPROVED	APPROVED	
NOT APPROVED	NOT APPROVED	(SIGNATURE OF MANAGEMENT FACULTY)

Comments/Suggestions for reformulation of the Project.

Date